## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 17, 2002 8:00 am Secretary of State **DOCUMENT #** P01000013999 1. Entity Name 05-17-2002 90040 019 \*\*\*150.00 VAN'S TAEKWONDO, INC. Principal Place of Business Mailing Address 556 ATLANTIC BOULEVARD POST OFFICE BOX 16952 NEPTUNE BEACH FL 32266 JACKSONVILLE FL 32245-6952 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City State City & State 4. FEI Number Applied For Zip Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VAN STADEN, LEON Street Address (P.O. Box Number is Not Acceptable) 556 ATLANTIC BOULEVARD **NEPTUNE BEACH FL 32266** Zip Code Fi 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ##FILE NOW!!! FEE !S:\$150.00 After May.1! 2002 Fee will be \$550.00 9: This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. 10. Election Campaign Financing ----\$5.00 May Be (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution, Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PVST** ☐ Delete TITLE NAME VAN STADEN, LEON Change Addition NAME STREET ADDRESS 556 ATLANTIC BOULEVARD STREET ADDRESS CITY-ST-ZIP NEPTUNE BEACH FL 32266 CITY-ST-ZIP TITLE ☐ Delete TITLE ... VAN STADEN, LEON NAME ☐ Change Addition NAME STREET ADDRESS 556 ATLANTIC BOULEVARD STREET ADDRESS CITY-ST-ZIF NEPTUNE BEACH FL 32266 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete NAME ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP

3. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: